

## REGULATION NOTICE REQUEST

DE 17-06

If you already subscribe to the Bureau of Medical Cannabis Regulation (Bureau) electronic mailing list, you will receive information related to regulatory actions via e-mail. If you have not yet subscribed to our electronic mailing list and wish to receive information via e-mail, you may sign up on our website, https://www.dca.ca.gov/webapps/bmcr/subscribe.php, or return this form. If you would like to receive information regarding regulatory actions by mail, please return this form.

Please select your preferre	d method of notification for Bureau regulatory actions:	
☐ Electronically deliver re	gulatory actions via e-mail:	
	(please provide your e-mail address)	
	r preferred method of notification, you agree to receive e-mail notices ailable. You will receive e-mail information related to regulations and othe u.)	۲r:
OR		
☐ Mail regulatory actions	to me using the United States Postal Service (USPS).	
Name (optional):		
Title:		_
Organization:		_
Address:		
City, State, and ZIP:		
Phone Number:		
•	eive the regulatory actions by mail, please select which areas be regulatory action information for:	
☐ All Program Areas	☐ General Provisions Applicable to All Licensees	
☐ Distribution	☐ Dispensaries/Retailers	
☐ Testing Laboratories	☐ Transportation	
OR		
☐ REMOVE ME from the no	otice list for all Bureau regulatory actions.	
The Bureau is statutorily red	quired to make rulemaking files open to the public	



inspection.



DEPARTMENT OF CONSUMER AFFAIRS BUREAU OF MEDICAL CANNABIS REGULATION

Toll-free: (800) 952-5210 E-mail: bmcr@dca.ca.gov Website: www.bmcr.ca.gov

under Government Code Section 11347.3. All information you submit, with any written comments on proposed regulations (including your name, mailing address, and e-mail address) will become public information open to public